



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Certificate of Organization

(General Laws, Chapter)

Identification Number: 001380107

1. The exact name of the limited liability company is: NEW ENGLAND CRAFT CULTIVATORS LLC

2a. Location of its principal office:

No. and Street: 12 ROBESON STREET
 City or Town: JAMAICA PLAIN State: MA Zip: 02130 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 12 ROBESON STREET
 City or Town: JAMAICA PLAIN State: MA Zip: 02130 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

APPLYING FOR A LICENSE WITH THE CANNABIS CONTROL COMMISSION.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: TURE TURNBULL
 No. and Street: 12 ROBESON STREET
 City or Town: JAMAICA PLAIN State: MA Zip: 02130 Country: USA

I, TURE TURNBULL resident agent of the above limited liability company, consent to my appointment as the resident agent of the above limited liability company pursuant to G. L. Chapter 156C Section 12.

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	TURE R TURNBULL	12 ROBESON STREET JAMAICA PLAIN, MA 02130

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	WESLEY RICHIE	12 ROBESON STREET JAMAICA PLAIN, MA 02130

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code

9. Additional matters:

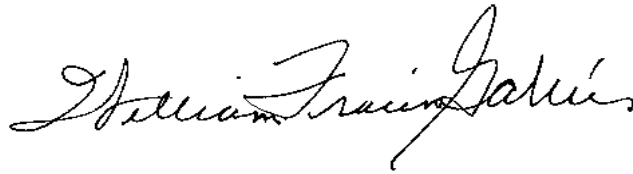
SIGNED UNDER THE PENALTIES OF PERJURY, this 23 Day of April, 2019,
TURE TURNBULL

(The certificate must be signed by the person forming the LLC.)

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

April 23, 2019 04:24 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, stylized 'W' and 'G'.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

June 1, 2022

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

NEW ENGLAND CRAFT CULTIVATORS LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **April 23, 2019.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **TURE R TURNBULL, WESLEY RITCHIE**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **TURE R TURNBULL, WESLEY RITCHIE, WESLEY RICHIE**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **NONE**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

License # AR304563 | Industry Identification Number 138037 | Ture Turnbull (Active)

This registration is Active as of 02/02/2022 and expires on 04/02/2025.

- [Start a new Marijuana Establishment Agent - Card Replacement Application](#)
- [Start a new Marijuana Establishment Agent - Amendment Application](#)
- [Start a new Marijuana Establishment Agent - Name Change Application](#)
- [Start a new Marijuana Establishment Agent - Surrender Application](#)

License # AR304554 | Industry Identification Number 138372 | Wesley Ritchie (Active)

This registration is Active as of 02/14/2022 and expires on 04/15/2025.

- [Start a new Marijuana Establishment Agent - Card Replacement Application](#)
- [Start a new Marijuana Establishment Agent - Amendment Application](#)
- [Start a new Marijuana Establishment Agent - Name Change Application](#)
- [Start a new Marijuana Establishment Agent - Surrender Application](#)

Subject: Notification from the Cannabis Control Commission: License Application Submitted

Date: Monday, September 26, 2022 at 4:33:58 PM Eastern Daylight Time

From: noreply@massciportal.com

To: Wes Ritchie

9-26-2022

Application Number: MRN284689

Dear wesley ritchie:

This email acknowledges that your Marijuana Retailer - New Application application was submitted to the Cannabis Control Commission via the MassCIP system.

We will contact you if we have questions about your application. When the review is complete, we will email a notification. You may receive manual email notifications from the Commission that will be sent to the business email address stated within your application. These manual notices may include requests for information, required actions, and next steps.

Sincerely,
Kyle Potvin, Esq., Director of Licensing
Massachusetts Cannabis Control Commission



Massachusetts Cannabis Industry Portal (MassCIP)



Cannabis Control Commission > [My Licenses](#) > [Marijuana Retailer](#) > Marijuana Retailer - New Application

Application #: MRN284689

Please review your Marijuana Retailer - New Application packet below. If all information is accurate, click the "Submit" button at the bottom of the page. Three things will happen when you submit this packet:

- You will go to a confirmation page on this site – please print this page or save a screenshot for your records;
- You will receive a confirmation email with your application number confirming the submission of this packet; and
- Your application packet will enter the review queue if you have paid the application fee.

After you submit your application packet, you may login and view it on this website, but you cannot make edits unless the Commission gives permission for changes. That may happen if the reviewer has questions or needs more information.

A timestamp will be issued when your full application which is comprised of four packets has been received an approved. Upon approval, a fifth "License Fee Payment" packet will be available on your main page.

The review process may take several weeks or longer. You will be notified via email when the Commission has made a decision regarding your application.

Payment Information

Amount Due: \$0.00

About the Marijuana Establishment

Business Legal Name: New England Craft Cultivators, LLC

Federal Tax Identification Number EIN/TIN: 83-4497618

Phone Number: 508-479-8344

Email Address: wes@necraftcultivators.com

Business Address 1: 113 George Street

Business Address 2:

Business City: Boston

Business State: MA

Business Zip Code: 02119

Mailing Address 1: 113 George Street

Mailing Address 2: c/o Wes Ritchie

Mailing City: Boston

Mailing State: MA

Mailing Zip Code: 02119

Certified Disadvantaged Business Enterprises (DBEs)

Certified Disadvantaged Business Enterprises (DBEs): Lesbian, Gay, Bisexual, and Transgender Owned Business

DBE Documentation

Applicants who identified as a Minority, Women, or Veteran-Owned Business above may qualify for expedited review of this license application. In order to qualify, additional steps are required:

- (1) Upload a completed DBE attestation form (available on the Commission's website) and provide proof that you have signed up for the MA Supplier Diversity Office's Free Business Class or
- (2) Provide documentation that your business has been certified as Minority, Women, or Veteran-Owned Business by the MA Supplier Diversity Office or other agency equivalent.

Please note that certification will be verified prior to licensure.

PDF

Document Name: 9b52220e-d0cf-4375-83ae-945d6ec7312a.pdf
Document Category: Supplier Diversity Office (SDO) Training
Upload Date: 6/9/22

PDF

Document Name: 5a0f6276-2446-400c-863b-0d1558c655cb.pdf
Document Category: Supplier Diversity Office (SDO) Training
Upload Date: 6/9/22

PDF

Document Name: ae34eb0a-cadf-487d-accf-ac1cc9a710a4.pdf
Document Category: Supplier Diversity Office (SDO) Certification
Upload Date: 6/9/22

Priority Applicant

Priority Applicant: No

Priority Applicant Type: **Not a Priority Applicant**

Economic Empowerment Applicant Certification Number:

RMD Priority Certification Number:

RMD Information

Name of RMD:

Department of Public Health RMD Registration Number:

Operational and Registration Status:

Certificate of Registration

Upload a scanned copy of your current Certificate of Registration (Provisional or Final) from the Department of Public Health

To your knowledge, is the existing RMD certificate of registration in good standing?:

If no, describe the circumstances below:

**Persons with Direct or Indirect Authority
Person with Direct or Indirect Authority 1**

Percentage Of Ownership: 50 Percentage Of Control: 50

Role: Owner / Partner Other Role:

First Name: Wesley Middle Name: James Last Name: Ritchie Suffix: Former Last Name:

Alias - 1: Alias - 2: Alias - 3:

Phone: 508-479-8344 Email: wes@necraftcultivators.com

Primary Address 1 : 113 George Street

Primary Address 2:

City: Boston

State: MA

Zip Code: 02119

Gender: Male

User Defined Gender:

What is this person's race or ethnicity?: White (German, Irish, English, Italian, Polish, French)

Specify Race or Ethnicity:

Person with Direct or Indirect Authority 2

Percentage Of Ownership: 50

Percentage Of Control: 50

Role: Owner / Partner

Other Role:

First Name: Ture

Middle Name:

Last Name: Turnbull

Suffix:

Former Last Name:

Alias - 1:

Alias - 2:

Alias - 3:

Phone: 617-602-7868

Email: ture@necraftcultivators.com

Primary Address 1 : 12 Robeson Street

Primary Address 2:

City: Boston

State: MA

Zip Code: 02130

Gender: Male

User Defined Gender:

What is this person's race or ethnicity?: White (German, Irish, English, Italian, Polish, French)

Specify Race or Ethnicity:

Entities with Direct or Indirect Authority

No entries were provided for this section.

Close Associates and Members

No entries were provided for this section.

Capital Resources - Individuals

No entries were provided for this section.

Capital Resources Documentation - Individuals

Amounts and Sources of Capital Documentation
Documentation detailing the amounts and sources of capital resources available to the applicant from any entity that will be contributing capital resources to the applicant for purposes of establishing or operating the identified Marijuana Establishment for each license applied for.

Capital Resources - Entities

No entries were provided for this section.

Capital Resources Documentation - Entity

Amounts and Sources of Capital Documentation

Business Interests in other States or Countries

No entries were provided for this section.

Business Interest Documentation

Supporting Document

Disclosure of Individual Interests
Individual 1

First Name: Wesley	Middle Name:	Last Name: Ritchie	Suffix:	Former Last Name:
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Alias - 1:	Alias - 2:	Alias - 3:
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Primary Address 1: 113 George Street	Primary Address 2:
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City: Boston	State: MA	Zip Code: 02119
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Marijuana Establishment Name: New England Craft Cultivators, d/b/a Tree House Craft Cannabis	Business Type: Marijuana Retailer
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Marijuana Establishment City: Dracut

Marijuana Establishment State: MA

Individual 2

First Name: Ture

Middle Name:

Last Name: Turnbull

Suffix:

Former Last Name:

Alias - 1:

Alias - 2:

Alias - 3:

Primary Address 1: 12 Robeson Street

Primary Address 2:

City: Boston

State: MA

Zip Code: 02130

Marijuana Establishment Name: New England Craft Cultivators, LLC d/b/a Tree House Craft Cannabis


Business Type: Marijuana Retailer

Marijuana Establishment City: Dracut

Marijuana Establishment State: MA

Individual Interest Documentation

Supporting Documents



PDF

Document Name: Disclosure of Individual Interest 2022..pdf

Document Category: Individual Interest Documentation

Upload Date: 6/9/22

Marijuana Establishment Property Details

Establishment Address 1 : 1 Forge Village Road

Establishment Address 2:

Establishment City: Groton

Establishment Zip Code: 01450

Approximate square footage of the establishment: 2500

How many abutters does this property have?: 15

Have all property abutters been notified of the intent to open a Marijuana Establishment at this address?: No

Bond or Escrow Documentation

Documentation of a bond or other resources held in an escrow account in an amount sufficient to adequately support the dismantling and winding down of the Marijuana Establishment



Document Name: Groton_Bond.pdf

Document Category: Documentation of Bond

Upload Date: 6/9/22

Property Interest Documentation

Documentation of a property interest in the proposed address. Interest may be demonstrated by one of the following:

- *Clear legal title to the proposed site;*
- *An option to purchase the proposed site;*
- *A legally enforceable agreement to give such title; or*
- *Binding permission to use the premises.*



Document Name: 1 Forge Village Road - LOL - Draft.6.27.22.pdf

Document Category: Permission to Use Premises

Upload Date: 9/6/22

Host Community Information

Host Community Documentation

Please upload the required documentation below

PDF

Document Name: Cert of HCA Groton.pdf
Document Category: Certification of Host Community Agreement
Upload Date: 9/26/22

PDF

Document Name: Groton - Complaint with Local Zoning Laws.pdf
Document Category: Plan to Remain Compliant with Local Zoning
Upload Date: 9/26/22

Document Name: 04.09.20_Form_COM_Attestation (1).pdf

Document Category: Community Outreach Meeting Documentation

Upload Date: 9/26/22

Plan for Positive Impact

Plan to Positively Impact Areas of Disproportionate Impact
Upload narrative

PDF

Document Name: Groton - Plan for Positive Impact .pdf

Document Category: Plan for Positive Impact

Upload Date: 9/26/22

Individual Background Information Individual Background Information 1

Role: Executive / Officer

Other Role:

First Name: Wesley

Middle Name:

Last Name: Ritchie

Suffix:

Former Last Name:

Alias 1:

Alias 2:

Alias 3:

Phone: 508-479-8344

Email: wes@necraftcultivators.com

Primary Address 1: 113 George Street

Primary Address 2:

Primary City: Boston

Primary State: MA

Primary Zip Code: 02119

Years at this Address: 7

Date of Birth: May 30, 1985

Last Four Digits of Social Security Number: 4204

RMD Association: Not associated with an RMD

Background Question: No

Description of Background Events:

Individual Background Information 2

Role: Executive / Officer

Other Role:

First Name: Ture

Middle Name:

Last Name: Turnbull

Suffix:

Former Last Name:

Alias 1:

Alias 2:

Alias 3:

Phone: 617-602-7868

Email: ture@visitreehousema.com

Primary Address 1: 12 Robeson Street

Primary Address 2:

Primary City: Boston

Primary State: MA

Primary Zip Code: 02130

Years at this Address: 14

Date of Birth: May 16, 1972

Last Four Digits of Social Security Number: 6343

RMD Association: Not associated with an RMD

Background Question: No

Description of Background Events:

Background Check Supporting Documentation

Supporting Documentation



Document Name: Ture Groton Docs.pdf
Document Category: Disclosure and acknowledgement form
Upload Date: 9/26/22



Document Name: Ture Groton Docs (dragged).pdf
Document Category: Massachusetts CORI Authorization Form
Upload Date: 9/26/22



Document Name: Ture Groton Docs (dragged) 2.pdf
Document Category: Release authorization form
Upload Date: 9/26/22



Document Name: Ture License copy.pdf
Document Category: MA Driver's License
Upload Date: 9/26/22



Document Name: Cori Document Wes.pdf
Document Category: Massachusetts CORI Authorization Form
Upload Date: 9/26/22



Document Name: Wes Disclosure Doc.pdf
Document Category: Disclosure and acknowledgement form
Upload Date: 9/26/22



Document Name: Wes Release Authorization.pdf
Document Category: Release authorization form
Upload Date: 9/26/22



Document Name: IMG_3318-compressed.pdf
Document Category: MA Driver's License
Upload Date: 9/26/22

Entity Background Check Information
No entries were provided for this section.

Massachusetts Business Registration

Massachusetts Business Identification Number: 834497618

Doing-Business-As Name: Tree House Craft Cannabis

DBA Registration City: Groton

Required Business Documentation

Please upload and categorize each of these four required documents:

- *Certificate of Good Standing from the Secretary of the Commonwealth of Massachusetts*
- *Certificate of Good Standing from the Massachusetts Department of Revenue*
- *Certificate of Good Standing from the Massachusetts Department of Unemployment Assistance*
- *Articles of Organization*
- *Bylaws*



Document Name: SOS Good Standing.pdf

Document Category: Secretary of Commonwealth - Certificate of Good Standing

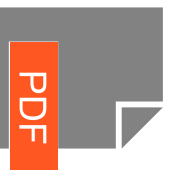
Upload Date: 9/6/22



Document Name: DUA Good Standing.png

Document Category: Department of Unemployment Assistance - Certificate of Good standing

Upload Date: 9/6/22



Document Name: Good Standing DOR.pdf

Document Category: Department of Revenue - Certificate of Good standing

Upload Date: 9/6/22



Document Name: NECC Articles of Organization.pdf

Document Category: Articles of Organization

Upload Date: 9/6/22



Document Name: NECC Bylaws.pdf

Document Category: Bylaws

Upload Date: 9/6/22

Business Plan

Business Plan Documentation



Document Name: NECC Business Plan Updated 3.25.20 (1).pdf
Document Category: Business Plan
Upload Date: 9/26/22



Document Name: 8 Groton Timeline to Operational.pdf
Document Category: Proposed Timeline
Upload Date: 9/26/22

Operating Policies and Procedures

Policies and Procedures Documentation

Upload documentation for each area listed above. Select the appropriate document type to identify the file.



Document Name: Groton - Plan For Restricting Access to 21+.pdf
Document Category: Restricting Access to age 21 and older
Upload Date: 9/26/22



Document Name: Groton - Security Plan .pdf
Document Category: Security plan
Upload Date: 9/26/22



Document Name: Groton - Plan To Prevent Diversion to Minors.pdf



Document Name: Groton - Plan for Storage of Marijuana.pdf

Document Category: Prevention of diversion
Upload Date: 9/26/22

Document Category: Storage of marijuana
Upload Date: 9/26/22



Document Name: Groton - Plan for Transportation of Marijuana.pdf
Document Category: Transportation of marijuana
Upload Date: 9/26/22



Document Name: Groton - Inventory Procedures.pdf
Document Category: Inventory procedures
Upload Date: 9/26/22



Document Name: Groton - Quality Control and Testing.pdf
Document Category: Quality control and testing
Upload Date: 9/26/22



Document Name: Groton - Dispensing Procedures.pdf
Document Category: Dispensing procedures
Upload Date: 9/26/22



Document Name: Groton - Personnel Policies Including Background Checks.pdf
Document Category: Personnel policies including background checks
Upload Date: 9/26/22



Document Name: Groton - Record Keeping Procedures.pdf
Document Category: Record Keeping procedures
Upload Date: 9/26/22



Document Name: Groton - Plan for Maintaining Financial Records.pdf
Document Category: Maintaining of financial records
Upload Date: 9/26/22



Document Name: Groton - Diversity Plan .pdf
Document Category: Diversity plan
Upload Date: 9/26/22



Document Name: Groton - Qualifications and Training.pdf

Document Category: Qualifications and training

Upload Date: 9/26/22



Document Name: Groton - Energy Compliance Plan.pdf

Document Category: Energy Compliance Plan

Upload Date: 9/26/22



Document Name: Groton.POM.P.pdf

Document Category: Plan for obtaining marijuana or marijuana products

Upload Date: 9/26/22

Hours of Operation

Monday
From: 8:00 AM
To: 11:00 PM

Tuesday
From: 8:00 AM
To: 11:00 PM

Wednesday
From: 8:00 AM
To: 11:00 PM

Thursday
From: 8:00 AM
To: 11:00 PM

Friday
From: 8:00 AM
To: 11:00 PM

Saturday
From: 8:00 AM
To: 11:00 PM

Sunday
From: 8:00 AM
To: 11:00 PM

Emergency Contacts

Emergency Contact 1

First Name: Wesley

Last Name: Ritchie

Email: wes@necraftcultivators.com

Phone: 508-479-8344

Emergency Contact 2

First Name: Ture

Last Name: Turnbull

Email: ture@visitreehousema.com

Phone: 617-602-7868

Fee Waiver

Social Equity Program or Economic Empowerment Fee Waiver Request: No

Social Equity Program or Economic Empowerment Number:

Disadvantaged Business Enterprise Fee Waiver Request: Massachusetts Supplier Diversity Office (SDO) Certified Minority Business Enterprise (MBE)

Disadvantaged Business Enterprise Fee Waiver Documentation

If the entity is requesting a fee waiver as Massachusetts Minority Business Enterprise (MBE), Women Business Enterprise (WBE), or Veteran Business Enterprise (VBE) with valid certification from the Massachusetts Operational Services Division's Supplier Diversity Office, they must also demonstrate they meet the Commission's definition of a Small Business, as defined above. The applicant or licensee must upload several documents for verification of this fee waiver:

- *Certification from the Massachusetts Operational Services Division's Supplier Diversity Office;*
- *Attestation that the applicant or licensee is a Small Business as defined in the Commission's regulations specifically as it relates to the number of employees, hours worked, and gross revenue with supporting data and information.*



Document Name: SDO Certification.pdf

Document Category: SDO Certification

Upload Date: 9/6/22

Attestations

I certify that no additional entities or individuals meeting the requirement set forth in 935 CMR 500.101(1)(b)(1) or 935 CMR 500.101(2)(c)(1) have been omitted by the applicant from any marijuana establishment application(s) for licensure submitted to the Cannabis Control Commission.: **I Agree**

I understand that the regulations stated above require an applicant for licensure to list all executives, managers, persons or entities having direct or indirect authority over the management, policies, security operations or cultivation operations of the Marijuana Establishment; close associates and members of the applicant, if any; and a list of all persons or entities contributing 10% or more of the initial capital to operate the Marijuana Establishment including capital that is in the form of land or buildings.: **I Agree**

I certify that any entities who are required to be listed by the regulations above do not include any omitted individuals, who by themselves, would be required to be listed individually in any marijuana establishment application(s) for licensure submitted to the Cannabis Control Commission.: **I Agree**

For assistance please call the Cannabis Control Commission at 774-415-0200 or email at Commission@CCCMass.com
v.3.3.18